THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XXXI. Wednesday, August 14, 1844. No. 2.

PENETRATING WOUNDS OF THE ABDOMEN, WITH PROTRUSION AND INJURY OF THE INTESTINES.

[The following remarks on the treatment of these injuries, which are always serious and too often fatal, are from the late work of Professor Gross, of Louisville, Ky.]

Penetrating wounds of the abdomen, attended with lesion of the intestinal tube, constitute a class of injuries of a much more serious character than such as are accompanied merely by prolapse. The symptoms are generally more severe, there is more danger of peritoneal inflammation, and the treatment, especially when the opening is extensive, is altogether different; or, to speak more intelligibly, two wounds, involving different structures, exist, and consequently require different modes of management.

When the inner wound is large the treatment to be employed is sufficiently obvious, for no well-educated surgeon would hesitate to resort at once to the suture, or to some other expedient calculated to prevent fæcal effusion. It is only where the opening is small, that doubts seem to be entertained respecting the proper course to be pursued.

Heister, who was confessedly one of the ablest anatomists and surgeons of his day, expressly states that all wounds of the intestines not exceeding the diameter of a goose-quill should be returned without stitching, which he asserts to be generally productive of severe pain, inflammation, and other bad symptoms. Dionis says if the opening is very small, as, for example, when it is made by a bodkin or pen-knife, it is not necessary to sew it up; nature, seconded by a rigid diet, being fully competent to effect a cure. To the same import very much is the testimony of Palfin, and of Sabatier. The former of these authors observes that whenever the opening is diminutive it is not necessary to sew it up, but simply to return the part, and to restrict the patient to the smallest possible allowance of food, barely sufficient to prevent starvation. "If the wound," says Sabatier, "is very slight, as when only a few muscular fibres are involved, it is needless to resort to the suture, since a cure may be accomplished without it." Sharp, in his Operations of Surgery, uses very nearly the same language. The opinion of Jobert, whose writings have been already several times quoted, is, that the wounded intestine may be safely returned, provided the opening does not exceed three lines. Where it is more extensive, as, for instance, half an inch, although reparation might possibly take place through the intervention of the epiploon, still there would be great danger of fæcal effusion, and hence he very justly concludes that it would be much better to sew it up.

Richerand, also a modern writer, recommends a very different practice when the wound is very small, or does not exceed two or three lines. His plan is to pass a loop of waxed thread through the mesentery, and to keep the inner wound as nearly as possible in apposition with the outer. The object is to afford a ready outlet to the fæcal matter, by the artificial anus which is thus established. This method, to which I shall hereafter recur, is not new with Richerand, but originated long ago with La Peyronie, an old French surgeon. Boyer remarks, that when the wound is more than four lines in extent enteroraphy becomes indispensable.

In a preceding part of this essay several experiments are related which have a direct bearing upon this subject. The particulars, however, it is not necessary to repeat in this place. It will be sufficient to say that in the three experiments in which the wound did not exceed four lines, or the third of an inch, the animals promptly recovered, while in the remainder, five in number, and in which the opening was of greater extent, they all died of fæcal effusion. So far, then, as these researches go, they tend to confirm the opinion of Heister, Sharp, Garangeot, and others, that a protruded bowel, in which there is only a very small wound, may be safely returned into the abdomen, without any apprehension of the escape of alvine matter. But would the surgeon be really justified in pursuing such a practice? I unhesitatingly aver that he would not, for the reason that, although this course may, in the generality of cases, be attended with success, yet it is liable to occasional failure, and should therefore be discountenanced. The introduction of a suture, which is all that can be needed in a small wound, will assuredly add little either to the present suffering of the patient or to the danger of peritoneal inflammation; the operation is neither painful nor tedious, and, what is of far more consequence, always, when well performed, protects the individual from fæcal effusion. In several of my experiments death was produced, not from any undue injury inflicted upon the bowel from stitching or any rough manipulation, but from the interval between the sutures being so great as to prevent the perfect closure of the wound; a fact which should never be lost sight of in the management of a lesion of this kind. Whenever the contact is incomplete, the mucous membrane becomes everted, and interferes with the adhesive process. The more accurately this is obviated the less risk will there be of the escape of fæculent and other matter, calculated to induce fatal peritonitis. I do not care, therefore, how small the wound may be, if it is only a line and a half, or two lines in extent, it should by all means be sewed up. In this practice alone can there be perfect security for the patient. The villous membrane may, it is true, effect a temporary closure of the wound, but there is always danger that before adhesion can take place, the part will become so much relaxed as to lead to mischief.

In closing this branch of the present inquiry I cannot omit quoting the sentiments of an old and distinguished surgeon, whose works, highly popular in their day, have been too much neglected by modern practitioners. I allude to Mr. Benjamin Bell. "However small," says he, "a wound of the intestine may be, it ought always to be secured with a ligature; for although it is alleged by some that we should rather trust to nature for the cure of a small opening than to insert a ligature, to me it appears that the opinion is by no means well founded; insomuch that I would not leave even the smallest opening that could admit either fæces or chyle to pass, without stitching it up. Much danger may ensue from omitting it; and the hazard of the patient cannot be increased by the practice being adopted."

Coincident with this opinion of Mr. Bell is that of Mr. Lawrence, of London, whose views upon the subject are entitled to great weight, from the unusual opportunities which he has enjoyed for treating strangulated hernia. Adverting to the practice recommended by Jobert, and referred to in a previous paragraph, of replacing the bowel without suture, when the wound does not exceed three lines, he affirms that such a procedure would not only be hazardous, but unwarrantable in the present state of the science. "In case of such an opening in the intestine," says he, "I should employ suture; not considering it safe to return the bowel into the abdomen without this precaution."

SOME DISEASES OF THE BREAST.

From Sir B. C. Brodie's Clinical Lectures at St. George's Hospital.

In the present lecture, I shall make some observations on the diseases of the breast, no very clear description having been given of them, although of common occurrence. The disease to which I shall particularly refer to-day is one of considerable interest; especially so, because it is quite different from carcinoma, with which it has been frequently confounded. It is not met with in hospital practice, but very often shows itself in private life, and unless I had had the advantage of seeing a large number of private patients, I should not have been able to make out its symptoms and history, as I believe I now can. You will, perhaps, be consulted by a female who has a hard tumor formed in the breast, about the size of a walnut, and moveable; it contains fluid, and you puncture it with a grooved needle, and serum escapes. If the opening be large enough the whole escapes, and nothing remains but the bag or cyst in which it was contained. This fluid varies in color, being sometimes yellow or straw colored, sometimes greenish, and at other times of a dark brown. I call it serum because it entirely coagulates by heat, or by the addition of nitric acid; it is, therefore, doubtless serum, with some coloring matter. Sometimes you will find only one of these tumors, whilst at other times there will be several. When this is the case there is generally one large one, and several very small ones; but sometimes the whole breast is filled with them; they frequently occur as large as marbles, but I have seen them as big as an orange. When punctured in the early stage of the disease, there will be no perceptible remains of the tumor afterwards, which proves the cyst to be very thin. It occurs chiefly in single women, or those who have borne no children, but there are exceptions to this rule. It is attended with no pain, except the nervous pain caused by anxiety, and by the attention being constantly directed to the part; it does not affect the axillary glands, and the disease may remain unaltered for several years. Very frequently these tumors form without the patient being conscious of their presence, till accidentally she feels her breast, and finds something like a marble there. In one case of this kind, Mr. Johnson and myself examined the parts carefully, and found several glandular cysts containing nothing but serum. I have said the serum came from cysts, but my belief is that they are only enlargements of the lactiferous tubes; my reasons for coming to this conclusion are these: persons affected by this disease not unfrequently have a discharge of serum from the nipples; and if you press them, you may squeeze out the whole of the serum, so that nothing apparently remains. In one case of this kind, which ultimately I removed by operation, I passed a bristle down one of the tubes, and it went directly into one of the cysts. What I have now described may be looked upon as the first stage of the disease. But although during the early stages of the disease, these cysts contain nothing but fluid serum, if they are allowed to go on, solid matter will be formed in them, and so long as they are neglected this solidity will continue to increase. Where there are several cysts of this kind, you will occasionally find the whole of the breast become solid, excepting a few small portions which appear to remain unaffected.

A question very naturally arises here, as to what change in the part is this alteration of structure to be attributed? A lady consulted me who had one of these tumors in her breast, about the size of a walnut; I punctured it with a needle first, and finding it contained serum, I laid it open with a lancet; a large quantity of fluid escaped. I then dressed it with lint to the bottom, meaning to bring on inflammation; a good deal of suppuration followed, and the wound was two months before it healed, and then the disease was apparently quite eradicated. About a year after this, the patient came to me again, and I found, where I had opened the cyst, a fungous tumor as large as the cyst I had previously opened. I recommended her to have the breast amputated; the operation was performed, and we found it to be entirely made up of cysts containing fluid matter, and one of a large size, as represented in the drawing on the table. From the inner surface of this cyst there projected a solid tumor, which appeared to be made up of numerous folds, giving it a plicated appearance, covered by membranes continuous with that lining the cyst; and when cut into, it looked like very slightly organized fibrine. You have had recently an opportunity of seeing, in the Hospital, a case of this kind: I allude to the woman whose breast was amputated, a short time since, by Mr. Keate. When she first came to the Hospital, there was a small tumor about the size of a walnut; it was punctured by Mr. Cutler, and found to contain serum; but within a fortnight it regained its former size. She was then admitted as an in-patient under Mr. Keate, who again punctured it, and let out a dark-colored fluid. On the 21st of December, it was found not only to have filled again, but to have considerably increased in size; it was then laid open with a lancet, and a very large quantity of matter escaped; but in a few days there was found, projecting from its inner surface, a large fibrous excrescence, partly filling up the cavity of the cyst. It was, therefore, deemed advisable to remove the whole of the breast, which, as you are aware, was done early in January. This is the tumor which was then removed (showing the preparation); some of the excrescences are pendulous from narrow necks; others have broad bases; some look like recently effused albumine; others, like slightly organized fibrine; some are like fatty tumors; and, occasionally, they put on the appearance of *medullary* disease; not that I think they are of this nature, because many other tumors present a similar aspect. Very many years ago, I had the opportunity of witnessing a similar operation performed by Mr. Freeman, of Spring Gardens; and in my written notes of this case, I find I described it as looking like slightly organized fibrine. In this instance, the tumor occupied one third of the cavity of the cyst. But this is not the only situation in which these solid masses are formed; you will sometimes find them outside the cyst, and these will increase in size, till all appear to be united in one solid mass; but if you carefully examine them in this state, you will find them outside, and perfectly distinct from the inner surface of the cyst. Here is another tumor which I removed from a private patient; it is of a similar character, and the breast, in this instance, weighed between seven and eight pounds. On cutting into it, a cavity was found, holding a large quantity of serum; here are, also, other preparations on the table, of a similar character. I said, in this particular instance, the breast weighed upwards of seven pounds, and I have seen other cases where they have attained a similar magnitude. The skin does not always ulcerate in these cases; but, occasionally, it is so distended that it bursts; a large quantity of fluid matter will be discharged, and an ulcer of an unhealthy character will be left, which, if not speedily removed, will wear out the constitution, and destroy the life of the patient. This disease has been much confounded with carcinoma. Some years ago a very celebrated pathologist showed me a case of this kind, and his opinion was that it was carcinoma; and I believe that in many cases of this kind, where amputation was performed for cancer, it has been nothing more than this disease, and not in any way of a malignant character. It is true a patient may be destroyed by these tumors; but this is no reason why it should be malignant. It is a local affection, and does not spring from any evil of constitution; and when the part is amputated, the disease never returns. The private patient, from whom I took the preparation on the table, lived many years after the operation, and had no return of the disease. Another lady, from whom I removed a similar tumor six years ago, is now alive and well. Sir E. Home thought the disease was malignant, and always advised amputation; and I recollect that a patient, on whom he operated, I saw twenty years afterwards, and she was perfectly well. I am therefore justified in saying the disease is not malignant.

In the early stage of the disease it may sometimes be cured without operation, as in the following case:—A lady came to me some twenty years ago, with a tumor of this description, and as I did not understand the disease so well then as I do now, I advised her to have it removed. She consented, and the day was fixed for the operation; but as something occurred which prevented its being done then, I said we would try an experiment, and ordered her a stimulating embrocation, and, in a short time, it had entirely disappeared. The same thing happened a second time, and in neither case was there any return. From the good effect which followed its application in these two cases, I was led to try it in several others, and it has repeatedly been of great service. Mr. Cutler tried it with the woman now in the Hospital, and I suspect its failure is to be attributed to its not being applied properly, or for a sufficient length of time. I dare say I have entirely succeeded in ten or twelve instances. The best application for the purpose is, I think, the following:—R. Spiritus vini rect., sp. camphoræ, āā ℥ iijss. ; liq. plumbi subacet. ℥ j. M.

I believe this form was originally employed by Mr. Pott for other purposes; but, as these proportions seem to answer very well, I have never altered them. Flannel is to be soaked in this, and applied over the whole of the part, taking care to wet it with the embrocation seven or eight times in the course of the twenty-four hours. At first, it merely deposits the oxide of lead on the skin; but in a short time the part becomes tender, and if its application be persevered in, the part will become excessively tender and blistered; the patient should then leave it off a few days, and resume it as soon as the parts have a little recovered. In this way it must be persevered in for several weeks, or even months; but, generally, if it is serviceable, it will be evident when it has been applied six weeks or two months, but it must be persevered with; when the skin has been once stimulated to any extent, it is easily acted upon a second time, so that perhaps the patient will not be able to bear it more than two days in succession. In some cases I tried blistering, keeping the surface open with savine ointment for a fortnight, and then healing it; repeating this for several successive times, and I think this answered best, but it is more troublesome. I have also employed a strong solution of iodine, but it did not answer so well as the embrocation. When using the embrocation, I have sometimes punctured these tumors, and perhaps this may have assisted in their removal; but my own opinion is, that it did not. When I have examined these tumors, after puncturing them, I have found something like a little kernel, which, I suppose, is the collapsed cyst. If the disease is in an advanced state, stimulants will do no good. Nothing then has any power over it, so that its removal by operation becomes indispensable. This disease, as I have said before, is not cancerous; but still it should be removed; because, if allowed to remain, the local irritation will destroy the life of the patient; and, if removed, it will not return. If you operate at all, you must remove the whole of the breast, for it is no use taking away small portions. It is better to perform the operation while the tumor is small; nevertheless, you are not to be deterred by its magnitude, because it is not in this disease as in carcinoma: there is, in fact, no danger; and I have seen a great many cases where the operation has been performed, and the disease has never returned. There is one observation, in particular, which you must not forget, viz., that in amputating the breast, great care should be taken to remove it entirely; it is very possible to leave small portions remaining—I am sure I have done it myself—and although no particular harm results from it, still it may render a second operation necessary. In a patient operated on by Sir E. Home, there occurred small cysts about four years afterwards; these I believe to have been left in the operation, being at that time imperfectly formed, and very small. The preparations on the table will illustrate many of the points on which I have been speaking; and a knowledge of this disease will be of great advantage to you, as it will enable you to distinguish a not very uncommon form of mammary disease from scirrhus, and sometimes to quiet the fears of your patient, without resorting to an operation.—*London Medical Times.*

TIC DOULOUREUX FROM DYSPEPSIA.

[A VOLUME "On the Nature and Treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders," by Dr. H. Hunt, of London, has lately been published in that city, an analysis of which is contained in the last No. of the British and Foreign Medical Review. From the latter we copy Dr. H.'s account of one species of Tic Douloureux.]

The neuralgic habit of body may be the effect of previous disease. In investigating the history of cases of tic, Dr. Hunt has found that the disorders which have preceded the pain, and which may be regarded as its cause, are such as debilitate the body, either suddenly or by slowly undermining its powers. Of the former, influenza, as Dr. Holland pointed out, was a frequent cause. Of the latter, disorders of the digestive organs, of an atonic or nervous character, rather than of an inflammatory, are the most common. Indeed, however various the causes, the stomach is usually the first organ that suffers, although the patient may be unaware of it, and expect that he is quite well, excepting the pain in his face: a remark of Dr. Hunt's which is applicable to many diseases.

Two cases are detailed of tic arising from the simplest form of stomach disorder.

A middle-aged dean, a generous liver, finding himself growing stout, adopted a spare diet, with excessive walking exercise, which brought on general debility, indigestion with acidity, and, in a few weeks, constant pain in the cheek, aggravated in paroxysms. An emetic, followed by a warm purgative, and a course of liq. arsenicalis, combined with a sedative, relieved him.

The second case was that of a strong, athletic man, of forty, whose diet for many years had been a beefsteak for breakfast, with coffee, a full allowance of meat with two-thirds of a bottle of port for dinner, and the remaining third, with meat, for supper. He had intense neuralgia of the left cheek, the paroxysms returning at all hours both of the day and night. Tongue ſoul, appetite good, but uneasy ſeelings owing to digestion. An emetic relieved the pain at once. It was ſollowed by warm aperients, and a more rational diet, and he was soon cured.—The rapid amendment in both these cases Dr. Hunt judiciously attributes to the simplicity of the cause. But such simple cases are rare. For many years he has made it a regular practice in these cases to begin with an emetic: much glairy and tenacious mucus is evacuated, which, he has not the slightest doubt, ſacilitates the action of the medicines, especially of arsenic. Iſ the paroxysm is regularly intermittent, the emetic should be given an hour beſore the fit; and aſter the emetic, a warm aperient draught, of twenty grains of rhubarb and sulphate of potash, with thirty drops of sal volatile, in some aromatic water. Aſter this, a course of arsenic, combining it with a sedative, or with a ſew grains of the bicarbonate of potash if there is an acid stomach, he finds the best remedy: beginning with ſour minims three times every day, with double the quantity of compound tinct. of camphor, and gradually increasing the dose of liq. arsenicalis, until there is some decided symptom of its action, which is commonly evinced when the dose has amounted to ten. When the pain has considerably decreased, he discontinues the medicine ſor a ſew days, and recommences with the original small doses, and finds it rarely necessary to increase them, but continues them ſor several weeks, iſ not months, aſter the pain is removed; ſor patients should be strictly cautioned against the error of thinking themselves cured as soon as the pain is relieved. They must persist in the medicine and diet until the tone of their stomach is quite restored, or the pain will return. The susceptibility of the stomach towards this remedy is various. In some cases it must be given on a full stomach. Iſ the pain at any time increases, the aperient should be repeated, and the quantity of arsenic increased. During the whole treatment an occasional aperient is useſul. When the pain is relieved and the stomach improved, the substitution of a grain of quinine, three times a day, is useſul, although it would have disagreed at first. Large doses of iron, quinine, bark, &c. are injurious in these cases. The arsenic may disagree *immediately*, producing an indescribable sensation of distress in the stomach, dryness of the ſauces, white tongue, and other symptoms of gastritis. It should be at once discontinued; and as this morbid sensibility is probably accompanied with slight inflammation of the mucous membrane, a rigidly ſarinaceous diet, in small quantities and lukewarm, should be ordered; with small doses of nitrate of potash, combined with two or three minims of Scheele's prussic acid, three or ſour times a day, and three or ſour grains of James's powder, at bedtime. Iſ aperients are needed, a common lavement, a little castor-oil, or two or three ounces of Pulna water; a sinapism to the stomach, or rubeſacient liniment, and an occasional blister. Aſter a ſew weeks of this treatment, arsenic may be borne, and at first should be given with or just aſter meals; and iſ it again disagrees it should be abandoned altogether. It is more beneficial to do little than much in such cases; by being content with a proper diet, and by avoiding anything that can possibly irritate the over-sensitive nerves. The attention to diet in all cases of neuralgia from dyspepsia is most important; and Dr. Hunt gives the result of his experience.

In cases of extreme sensitiveness of the stomach, the mildest food is sometimes necessary. Such patients should live entirely on farinaceous food, until the nerves of the stomach become less sensitive; which is known by the tongue becoming cleaner, and the general feelings (better known to the patient than described,) returning to those of health. When the stomach has been thus improved, some animal food should be added, beef-tea, a chicken prepared thus: "a chicken is to be wrapt in muslin, and stewed for twelve or fourteen hours, with half an ounce of vermicelli and a few whole peppercorns, until the whole has become a jelly; some of this, diluted, if necessary, with a little toast, forms a very nutritious and easily-digested meal." As the appetite improves, a slice of chicken or game, with stale bread or toast, &c. In such weak stomachs every kind of food has a tendency to become acid, which is in some measure prevented by some slight stimulus with or after meals; a little weak brandy and water, or a teaspoonful of sal volatile in a glass of water, or a cup of coffee.

For those less sensitive, or whose morbid sensibility has been quieted, a plain nutritious diet, of animal food (chicken, game, mutton and venison are the best kinds), with stale bread or toast, and with a few well-boiled vegetables, *if they can be taken with impunity*; and there is seldom any objection to plain puddings of rice, bread and tapioca. All fish, pastry, rich puddings, fruit, new vegetables, pickles, cheese, and various sauces, must be strictly forbidden.

Errors in quantity may be prevented by two rules; first, to live simply and to avoid a variety of dishes; and, 2d, to eat slowly, that the first indications that sufficient food has been taken may be felt and obeyed.

Water is the best drink. Some, especially those who have indulged in wine, require the stimulus of a moderate quantity in order to digest at all. But the smallest quantity for this purpose should be taken, and as strength is gained, this allowance should be gradually diminished and discontinued altogether. A little brandy and water or a glass or two of good sherry or sound port are the best. For breakfast, bread or toast, weak *café au lait*, or scalded milk, prepared by placing the can of milk on a stove moderately heated, until all the cream has risen to the surface, which is to be removed when cold. This is easily digested. Those who can digest bacon may eat it. It should be toasted after being boiled. Other hygienic rules should be followed.

As good rules for the treatment of atonic dyspepsia are useful in so many chronic diseases, and disorders of the general health with which it is associated, we need not apologize for quoting so largely; for on its right treatment much of the success of a physician depends. The chief point on which we are disposed to differ with Dr. Hunt is in the use of vegetables and of farinaceous puddings, in addition to meat. Except in those comparatively few cases where the mucous membrane is so sensitive that it will not bear meat at all, we find that on the whole it is better to limit our patients to a dinner of meat, stale bread or biscuit, and rice. Vegetables, especially potatoes, are often injurious; and a patient who likes them is not the best judge if he is the exception; and if farinaceous puddings are allowed in addition to meat, there is danger of error in quantity. The difficulty, we well know, in limiting the diet, is to get our directions attended to.

CASES OF POISONING.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Should you think the following cases of sufficient interest to warrant their insertion in the Journal, they are at your service.

Case I.—I was called about 3 o'clock, P. M., June 30th, 1843, to visit T. A. E., a lad 14 years old, who had swallowed, an hour before, a draught of bichloride of tin, which had been prepared for dyeing. Found him in great pain at stomach, and he had vomited a quantity of thick, slimy mucus, of a dark-green appearance. His mouth and fauces were wonderfully corrugated by the acid; he could scarcely swallow, and his mouth felt hard and leathery. Ordered him a pint of warm water, which he drank with much difficulty. A drachm of ipecac. was then administered, which operated freely, bringing up large quantities of dark-green slime. A cold clammy sweat broke out, his pulse become indistinct and fluttering, and a fatal collapse seemed approaching. Ordered the surface to be enveloped in the leaves of the horse-radish macerated in vinegar, which restored reaction. The pain and reaction became so severe at 10, P. M., that Dr. L. Hazeltine was induced to bleed him freely. He drank milk and water constantly, and as fast as he could swallow it, during the night, which caused him to vomit a number of times a substance less and less green.

July 1st.—Found him still exercised with severe pain, and complaining of great soreness of stomach and bowels. Repet. venesect. Emp. epispas. epigastrio. Continue the milk and water; adding, in the afternoon, ol. ricini, q. s.

2d, 9, A. M.—Pain and soreness of stomach and bowels very distressing, and the swelling of the mouth and fauces render swallowing almost impracticable. Repet. venesect. Contin. remedia.

6, P. M.—His bowels have moved freely, and he is more quiet. Omit ol. ricini. R. Milk and water, ℥ xvj.; tinct. opii, gr. xl. in nocte sumendus.

3d.—Improved. Pain and soreness of bowels less; tumefaction of mouth and fauces subsiding.

From this time he continued to recover, under the use of milk and water, which he used about two weeks, when he cautiously commenced the use of light farinaceous diet. In a month he recovered his usual health and spirits.

II.—March 22d, 1844. Was called in great haste to see Irene R——. On visiting her, I found she had swallowed a large quantity of arsenic. The paper it was put up in, labelled *poison*, was found, and likewise the vessel in which she had mixed it, with some of the arsenic still adhering. As near as could be ascertained, she had taken it more than an hour before, or about 5 o'clock, P. M. She appeared very much agitated, complained of pain in stomach and bowels, and had not vomited. Caused her immediately to swallow a large bowlful of milk, with sufficient hot water to warm it, to which was added sulph. zinci gr. xv. and ipecac. ʒ j., which operated promptly and effectually. Continued the milk until her stomach was thoroughly cleared. She used considerably more than a gallon of milk, which when returned by vomiting she said tasted sweet. At 10, P. M., the milk and vomiting having effected all they could, and not having any of the ferrum oxidatum hyd., ordered ferri carb. precip. gr. xx., bis in hora.

23d, 8 o'clock, A. M.—She vomited most of the powders, after having retained them for some time, and had two copious and very fœtid evacuations from the bowels, after which she became easy and slept three hours. Complained of little pain, but great soreness of abdomen, with some tenseness. Pulse hard. Venesect. ℥ xvj. Gum-water diet.

6, P. M.—Occasionally severe pain of bowels; soreness and tension same as in the morning; pulse still hard. Repet. venesect. ℥ xvi. Haust. magnes. sulph. Applic. cataplas. sinapis abdomini.

24th.—Improved. Cathartic operated freely last night. Omit medicine. Continue mucilage.

25th.—Still improving. Continue gum water so long as soreness of bowels remains.

There remained for some time a disposition to colic, which would leave the bowels sore for a while. She is now well.

III.—Mrs. C. was confined on the 11th of June last. Eight days after, a friend gave her half an ounce or more of oxalic acid for Epsom salts. Although it was remarked with astonishment, while the dose was preparing, that the "salts" did not readily dissolve, yet the mistake was not discovered until the whole portion had been swallowed. Dr. L. Hazeltine and myself were immediately sent for. We were with her at 9 o'clock, P. M., ten or fifteen minutes after the poison had been taken. A large tablespoonful of ipecac. was immediately administered, followed by copious draughts of warm water. Full emesis was speedily induced, by which a large portion of the acid was removed from the stomach. As soon as the vomiting ceased, we gave her an ounce of sup. carb. sodæ, dissolved in a quart of water. The soda was given during the next twenty minutes in divided doses, producing a considerable eructation of gas, followed by repeated vomiting. From 10 o'clock until half past 11, large and repeated draughts of water, containing soda in solution, were administered, producing an almost constant eructation of gas, but no disposition to emesis. Mrs. C. is now, and has been since the acid was taken, perfectly free from pain. To evacuate the stomach, another enormous dose of ipecac. was now given, with desired effect. A weak solution of soda was then ordered, so long as gas should be evolved from the stomach. The solution was discontinued at 2 o'clock, A. M.: our patient then fell asleep, and rested quietly until a late hour in the morning.

20th.—Mrs. C. is cheerful; complains of neither pain nor exhaustion, and says that she is well. There is, however, considerable soreness of the mouth and posterior nares, puffiness of the lips, and an anomalous efflorescence on a great portion of the body. Her bowels have moved freely. No medicine; gum-water diet. The child to be sent away to nurse.

21st.—Puffiness of the face and the efflorescence have nearly disappeared. No movement of the bowels. Ol. ricini, ℥ j. Milk and water diet.

22d.—Free movement of the bowels last night. Allow a little boiled rice, and a gradual return to usual diet.

July 10th.—Has had, for several days past, sore mouth resembling cancrum oris, attended by considerable ptyalism, but no fetor of breath. Otherwise she is in perfect health. Yours, &c. G. W. Hazeltine.

Jamestown, N. Y., July 15th, 1844.

TREATMENT OF PILES.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Having met with unusual success in the treatment of piles, as they exist under the vascular and spongy forms, by the use of nitric acid, as recommended by Dr. Houston, of Dublin, with the following modifications, I would propose its trial to the profession, under the conviction that it will prove successful in a majority of cases, with a diminution of pain in comparison with its use as advised by Dr. Houston.

After preparing a bougie of cloth filled with cotton, it is to be adapted to the size of the rectum by a covering, composed of one part of olive oil to eight of bees-wax, to be applied by a brush, and when completed it is to be introduced into a jar acid, to remain until its action changes the color of the composition to a dingy white, when it is to be introduced into the rectum, to remain until its action upon the rectum is in a measure suspended. When withdrawn, it is to be smeared with belladonna oint. and again introduced into the rectum, to be removed as the pain subsides. Yours, &c. E. R. Smilie.

Derry, N. H., July, 1844.

INDEPENDENCE OF MIND IN THE PHYSICIAN.

From Dr. Homans's Address before the Massachusetts Medical Society.

Another class of qualities essential to the success and usefulness of a physician, may be ranked under the head of *independence of mind.* The physician must be a man of firmness, decision, self-reliance; able to meet emergencies, to think and act for himself as the case before him demands, and not as a servile imitation of the course of treatment described in a case somewhat similar would suggest. He must be superior to the inveterate prejudices of time-honored theories and the seducing novelties of caprice and fashion, neither adhering to the one, and opposing the other, nor abandoning the one, and adopting the other, with an obstinacy or a facility, alike to be condemned by a calm, clear, conprehensive judgment. He must not suppose all truth in the science of medicine to have been ascertained, nor accept with slight questioning everything new as true, to be confided in and practised upon. With a mind open and active, with an observation extensive, accurate and discriminating, with the feelings that arise from association, habit, and long-cherished opinion, under the control of the judgment, he must " prove all things, and hold fast that which is good."

In every department of life, these qualities, which I have comprehended under the term independence of mind, are important. No man ever accomplished anything valuable without them—but to the physician, they are essential. It is not enough for him to possess knowledge, or even experience. Were the latter sufficient, an old hospital nurse, who, for years, had watched the daily and hourly progress of all sorts of diseases, would be the best physician; and were knowledge sufficient, the student, who is fresh from the lecture-room, the professor, who has all the learning of books and treatises at his command, would be the safest reliance of the sick in the hour of peril. The physician needs both knowledge and experience; but above and beyond these he needs an *independent mind*, that can at once bring in review all the principles embraced in his knowledge and experience, and act with decision and promptness in their application to the case in hand. A person may be familiar with all the principles of navigation, or, with but slight knowledge of these principles, he may have a practical acquaintance with the ordinary management of a ship, but unless this theoretical and practical knowledge be at the command of an independent, resolute, and ever active mind, that, when a storm, or any sudden emergency arises, shall be able to discern and decide with the requisite promptness what is best to be done, it does not qualify one to take command of a ship. The principle of the illustration is equally applicable to the physician. No other profession, perhaps, involves such an amount of unshared responsibility as ours; or makes such demands for a prompt, varied, yet wise, application of principles and knowledge. The physician cannot meet these demands, if he be a mere imitator, having little self-reliance, little independent action of his own mind in his own practice. Yet there is no profession, perhaps, in which there are stronger temptations to imitation, none in which men are more naturally and easily, and from high and pure motives also, led to yield to the authority of great names, and to adopt and follow the theories and modes of treatment which their authority sanctions; and undoubtedly here, as in everything else, deference is to be paid to the wisdom of the wise, and the observation of the experienced. But this deference should simply be an element to guide, not a power to control the judgment and cripple the action of the individual in his practice; and when it becomes the latter, it exceeds its province, and mistakes and absurdities must mark the practice in which it prevails.

I commend not a presumptuous self-confidence. or the hasty judgment that is formed without a minute observation and a deliberate weighing of all the symptoms and circumstances that accompany each particular case of disease, or that threaten its progress. I commend not that rapidity of decision and action, which is often the offspring of ignorance; an ignorance that experiences no difficulty in deciding, because it anticipates no consequences, and knows not what consequences to anticipate.

Doubtless, the profession and the community suffer much from this source. Unquestionably injustice is often done the former in this respect. A physician is commonly expected and called upon to act with prompt decision in all cases, and if he hesitate, or doubt and delay, though the doubt proceed from superior knowledge, from a large and wide observation, and desire amid contending difficulties to choose the most eligible course of treatment, it is usually accounted proof positive of ignorance and insufficiency. It has been well observed in reference to our profession, that "a man must have merited the confidence of the world, before he can obtain time for consideration, and his reputation must be firmly established before he can own himself at a loss." A bold, confident, decided, dogmatical air, that never hesitates, is never at a loss for an opinion as to the nature of the disease and the best mode of treatment, has ever been the capital of the quack, his great stock in trade. Its effect is like that of a rich and gorgeous display of goods at a shop window, seducing unwary customers to enter, but shutting out the light by which they may judge of the quality of what they purchase. I commend not, I approve not this. Even at the risk of a loss of professional reputation in the estimation of the weak-minded and inconsiderate, I would have a physician hesitate, and doubt, and delay, if the difficulties of the case and his thorough perception of them embarrass his judgment. Because he is in doubt what to do, I would not have him do he knows not what.

By independence of mind in a physician, I mean not an independence alike of all principles of medical science and of sound morality. I mean simply that he should keep his mind open and active, superior to the littleness of theoretical prejudice, and the rashness of novel and capricious practice; that he should exercise his own judgment, consider that in the circumstances of every case, in the diagnosis of the disease, in the habits, constitution, idiosyncrasy of the patient, there is something peculiar to that case and patient, of which he is the sole observer, and must be the sole judge; and that, in the vigorous and energetic action of his own mind, he apply the principles and knowledge of his profession that he has acquired. It is only thus that he can fully develop his own abilities, or attain to eminence and usefulness in his profession.

It has been well observed by the late Mr. John Bell, that "it is an old, but a becoming and modest thought, that in our profession we are but the ministers of nature; and indeed the surgeon, still more than the physician, achieves nothing by his own immediate power, but does all his services by observing and managing the properties of the living body; where the living principle is so strong and active in every part that by that energy alone it regenerates any lost substance, or reunites in a more immediate way the more simple wounds."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 14, 1844.

The Mammoth Cave.—There is no very intimate connection between the description of a great cavern, miles in extent, and the practice of medicine. However, without unnecessary circumlocution, it is universally known that there is a cave near the southern extremity of Kentucky, of such vast dimensions that it has appropriately obtained the name of *mammoth.* It is probably the largest cave in the world—having already been explored nine miles under ground. It is walled up on all sides by stupendous lime-stone rocks, which will probably never be removed from their firm resting-place till the everlasting hills shall melt with fervent heat. Having recently visited the dark interior to the river, between two and three miles from the entrance, we have a distinct recollection of the magnitude of nature's masonry for upholding the roof of this mighty opening. In the course of traversing its winding ways, from one apartment to another, we also collected a few curious facts in regard to the efforts that were made, a year or two since, for converting this place into the United States depot-general for persons afflicted with consumption.

During the last war, the manufacture of saltpetre was conducted on a large scale in the Mammoth Cave. The loamy earth, strewn over the floors by the action of running water, having an unctuous feel, was leeched, and the water, thus charged, boiled away. Vats, pump-logs, the ruts of cart wheels, and even the tracks of cattle, are seen for nearly a mile from the mouth. Nitre abounds there—and to obtain it, laborers, with their oxen and horses, remained within for months in succession, without any other intercourse with the inhabitants of the neighborhood than was absolutely necessary in the purchase of the necessaries of life.

After having passed through the hands of several owners, the cave, including a thousand acres of land, now belongs to Dr. Crogahn, of Louisville, a gentleman of wealth and liberality, who has made it a fashionable resort.

Early in 1842, the idea was advanced, for the first time, that there was a medicinal atmosphere in the cave, possessing extraordinary properties —especially important to consumptives. No one explains satisfactorily the origin of the suggestion. Some have imagined that those working there might have discovered the fact that respiration was carried on within the cave with remarkable ease. This part of the narrative, however, is not material. On the 23d of May, 1842, Dr. William J. Mitchell, of Glasgow, Ky., took up his residence in one of the enormously large chambers, nearly if not quite a mile under ground, where he remained till the 25th of June, very much relieved. This, therefore, was a triumph, and after the press had heralded the case over the world, as a sort of miraculous restoration to health, invalids began to repair to the newly discovered fountain of health, from many different States. Unfortunately for the reputation of the new and infallible remedy, Dr. M. died the following winter—having been married in September preceding.

On the 15th of September, of the same year, J. W. Harper, Esq., of South Carolina, took possession of an apartment within the gloomy subterranean abode, where he remained till the 18th of January, 1843, when he died. These gentlemen had pulmonary consumption, and the healing influences of the cave were sought on account of its atmosphere. To accommodate the consumptive applicants, quite a house was erected. Each one had a room by himself, a stove and proper furniture. There was a dining hall, warmed by a stove. Mr. Benjamin R. Mitchell, of Mobile, who presented a painful state of disease of the lungs, took up his residence December 28th, but died January 9th.

Without detailing, unnecessarily, the names of a few others, it is sufficient to record the fact, that twelve persons in all made the new and bold experiment of living entirely in the cave—only one of whom is now alive. Their expenses, thus shut out from their friends, and the fair world above them, averaged eight dollars a week. The object was restoration to health from a decidedly diseased condition of the lungs.

So unsatisfactory was the experiment, that the suddenly-raised reputation of the cave, which was trumpeted over the Union, holding out high expectations to a particular class of invalids, fell as suddenly below zero in public estimation. Patients no longer include it in their catalogue of remedies.—A stranger sight cannot be found than the hospital remains of doors, floors, broken-in partitions, and upturned stoves, now within the cave.

We now approach the question—is any advantage to be derived to consumptives from breathing this cavernous atmosphere? Had no fires been permitted, the patients might not have had their coughs aggravated—as this resulted probably from the accumulation of smoke. True, it was wafted by a strong current through the recesses of the rocks, many miles, but there was not a ready escape for it. Again, the least noise was propagated with exceeding force, and reverberated from wall to wall so powerfully as to be a perpetual annoyance to the patients. Had their residences been some rods apart, so that they might not interfere with each other, and had an orifice been opened by an artesian augur, from the top—an easy undertaking—the unhappy inmates would have had some little encouragement for a prolongation of life, at least.

That a marked case of pulmonary consumption can be positively cured, is not admitted. When the structure of the lungs is destroyed by ulceration, medicine is of no avail in staying the progress of disease. In an early stage, however, before the destruction of the air cells, and before the lungs become excessively burdened by the accumulation of matter that can only be raised by painful efforts, there is a ray of hope, and indeed good encouragement, in many instances, of arresting, indefinitely, an onward tendency of a frightful malady. Under such circumstances, we fully believe that the atmosphere of the Mammoth Cave might be resorted to with beneficial results. But taking up a residence entirely within the cavern, beyond the reach of solar influences, is over-doing. Going in and out several times in the day, and availing oneself of the comforts of the house near by, is equivalent to making a direct application of the medicine to the diseased surface of the lungs. The gentleman who is the only one living out of the twelve who made the experiment, before alluded to, alternated between the hotel and the hospital. His active habits, without any intention on his part, enabled him to derive all the benefit the cave atmosphere could confer.

A new series of experiments is required, touching this important subject. As physicians are frequent visiters to the cave, their opinions and observations are solicited. If there are any advantages to be realized, as some suppose, especially since a reaction is beginning to be manifested in favor of the medicinal character of the cave, we shall esteem it a peculiar favor to be put in possession of all the facts.

New Hampshire Medical Society.—The Fellows of the New Hampshire Medical Society held their fifty-fourth anniversary at the Phœnix Hotel, in Concord, on the 3d and 4th of June. The number present was unusually large, and there seemed manifest in the meeting the same spirit of improvement and desire for the advancement of medical science which actuated those who more than half a century ago founded this institution. The annual address, by the President, Dr. Batcheller, on the state of medical science at the present time, was highly interesting. Drs. Eaton of Merrimac, and Flanders of Londonderry, read essays which did honor to these gentlemen.

The following gentlemen were chosen officers for the ensuing year, viz.:—James Batcheller, of Marlborough, *President;* Josiah Bartlett, of Stratham, *Vice President;* Charles P. Gage, of Concord, *Secretary;* R. P. J. Tenney, Loudon, *Treasurer;* J. B. Abbott, W. E. Chase, I. H. Cowan, I. H. Smith, A. Twitchel, S. Cummings, D. Crosby, E. R. Peaslee, T. Brown, J. Crosby, W. Brown, J. C. Eastman, A. Smith, I. Burnham, *Counsellors;* T. Haynes, J. F. Sargent, I. S. Fernald, J. Farrington, F. P. Fitch, J. G. Graves, G. B. Twitchel, S. Cummings, T. R. Crosby, A. O. Dickey, D. Flanders, Z. Colburn, E. B. Gale, J. Eastman, *Censors;* Josiah Bartlett, Stratham; L. M. Knight, Thornton; T. Wallace, Derry; H. Eaton, Merrimac; J. Batcheller, Marlborough; S. Drew, Milton; D. Crosby, Hanover, *Corresponding Secretaries.* P. P. Woodbury, E. K. Webster, *Delegates to Hanover.* E. R. Peaslee, A. F. Carr, *Orators for* 1845. J. G. Graves, A. Smith, *Substitutes.*

The following gentlemen were elected members, viz.:—George Chandler, M.D., Concord; Fred. Boyden, M.D., Hinsdale; Moses Clark, M.D., Derry; George B. Twitchel, M.D., Keene; L. D. Lyman, M.D., Concord; E. Colburn, M.D., Nashua; Charles F. Elliot, M.D., Somersworth; J. Stackpole, M.D., Dover; David L. Batcheller, M.D., Londonderry.

Dr. Isaac Tewksbury, of Hampstead, was expelled by a unanimous vote of the Society.

On petition of L. M. Knight and J. A. Dana, a new society was chartered, by the name of the Pemigewasset District Society.

Medical College in Tennessee.—A new medical institution has been organized at Nashville, in connection with the University located in that city, which will go into operation another season. There are many facilities for carrying on a school there. The faculty recently elected is an efficient body of learned men, who need have little fear of being second to any other. Dr. Buchanan has the chair of Surgery. Dr. Frost, the State geologist, a man of great attainments in science, already a professor in the University, is to lecture on chemistry. In good time, all the appointments will be announced. Before long, another medical institution may spring up in Alabama—the next State south. What becomes of all the young physicians who are graduated annually in the United State, is a problem, though travellers assert that they never have visited a place yet, where there were not too many—for each other's profit.

Mexican Remedy for Rheumatism.—Mr. Kendall, in his Narrative of the Santa Fe Expedition, mentions that the hospital physician of San Lazaro was a worthy, good-natured man, not disposed to investigate too closely a chronic rheumatism, with which the writer was afflicted. The only presciption he ordered, was a warm bath in the morning and *an occasional greasing at night!* The former, he continues, was agreeable enough; but he infinitely preferred his vile glauber salts—*cosamiento blanco*, and other inward remedies, to the latter. "This practice of anointing the prisoners (Texans), from head to foot, with a preparation of hartshorn, lard, and other ingredients which I could not detect, was very common in San Lazaro."

The Willoughby University of Lake Erie, in the State of Ohio, with Dr. A. Trowbridge in the chair of Surgery, and Dr. H. H. Childs in that of Obstetrics and the Diseases of Women and Children, has sent out its annual announcement of lectures, under very favorable auspices.

Longevity of New Hampshire Physicians.—The Keene Sentinel states that there are three physicians now living in Walpole, N. H., whose united ages amount to 277 years, viz.: Dr. Williams, formerly of Hanover, who removed to Walpole five or six years ago, 96; Dr. Holland, 93; and Dr. Sparhawk, 88. Besides the above instances of longevity among the Faculty mentioned by the Sentinel, may be added Dr. Ezra Green, of Dover, N. H., who completed his 98th year on the 17th of June last, and who is the oldest surviving graduate at Harvard University. He graduated in 1765.

Deaths from Poisoning in New York.—Dr. J. B. Beck, of New York city, has collected from the records of the coroner of that city and county, a list of the inquests for poisoning which had come under his jurisdiction during the years 1841, 1842, and 1843, with the most important circumstances connected with each case. These are published in the Transactions of the State Medical Society, and are summed up as follows—being 83 in number, 46 males and 37 females. Poisoned by arsenic, 13; opium, 8; laudanum, 39; paregoric, 1; solution of morphia, 3; corrosive sublimate, 3; colchicum, 1; sulphuric acid, 2; tinct. of sanguinaria, 4; tartar emetic, 1; ardent spirits, 1; gin, 1; alcohol and laudanum, 1; brandy and laudanum, 1; strychnia, 1; prussic acid, 1; phosphorus, 1; carbonate of potassa, 1. Of the 83, there were, suicides, 50; taken by mistake, or through ignorance, &c., 28; unknown, 5.

It appears that the two poisons principally used were *arsenic*, and *opium*, in some of its forms. In the cases of poisoning by arsenic, the smallest quantity taken was one drachm, and the largest two drachms.

The shortest time intervening between the taking of the poison and the death, was four hours, the longest two days. In the cases of poisoning by opium, the smallest quantity was one drachm, the largest one and a half ounce. The shortest time between the taking and death, eight hours; longest, twenty hours—average time of six cases, fourteen hours. Of the cases of poisoning by laudanum, the smallest quantity was *one drop*, the largest was sixteen ounces. The shortest period between taking and death, two hours; the longest, 48 hours—average of 23 cases, 12 hours.

Prize Essays on Insanity.—The Lord Chancellor of Ireland has declared his intention to give ten guineas yearly, during the next ten years, for the best essay on a subject connected with the treatment of mental disease, to be selected alternately by the College of Physicians and College of Surgeons of Ireland, and the prize to be awarded by the council of the College by whom the subject was chosen. The first turn to belong to the College of Physicians.—*Dublin Medical Press.*

BOOKS, &C., RECEIVED.—Pettigrew's "Superstitions connected with the History and Practice of Medicine and Surgery," from Barrington & Haswell, Philadelphia; Dr. Hullihen's Treatise on Hare-lip; Circular of the Willoughby University.

TO CORRESPONDENTS.—A Letter from Havana, respecting the preparatory steps necessary to practise medicine in that place; and a reply to Cyclops, by Argus, have been received.—In No. 25, last volume, p. 501, Case II., after the word "belladonna," add, "and applied to the os tincæ."

DIED,—In Newton, Conn., Dr. Zera Sheppard, 47.—In East Hartford, Conn. Dr. Timothy Hall, 87—a Surgeon in the Revolutionary Army.

Number of deaths in Boston for the week ending Aug. 10, 44.—Males, 22; Females, 22.

Of consumption, 3—scald, 1—scarlet fever, 6—erysipelas, 2—drowned, 1—delirium tremens, 1—dropsy in the brain, 3—infantile, 1—debility, 1—marasmus, 1—accidental, 4—cholera infantum, 6—tumor, 1—liver complaint, 1—dysentery, 1—bowel complaint, 2—disease of the heart, 1—child-bed, 1—teething, 1—cancer, 1—croup, 1—disease of the hip, 1—dyspepsia, 1—hooping cough, 1—unknown, 1.

Under 5 years, 25—between 5 and 20 years, 4—between 20 and 60 years, 15—over 60 years, 0.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15′ 49″. *Elevation* 483 *ft.*

July.	Therm.		Barometer.		Wind.
1	from 57	to 72	from 29.24	to 29.45	S W
2	66	79	29.24	29.27	N W
3	66	82	29.15	29.22	W
4	50	65	29.33	29.50	N W
5	49	78	29.38	29.52	S W
6	59	78	29.11	29.20	S W
7	61	76	29.19	29.33	S W
8	52	73	29.42	29.44	S W
9	56	83	29.30	29.44	S W
10	67	80	29.08	29.24	S W
11	64	87	29.07	29.20	N E
12	62	71	29.29	29.44	N E
13	60	79	29.48	29.52	S W
14	67	83	29.28	29.43	S W
15	68	78	29.27	29.35	W
16	60	64	29.14	29.32	N E
17	from 55	to 80	from 29.24	to 29.35	N W
18	58	80	29.39	29.44	N W
19	59	84	29.16	29.30	S W
20	67	70	29.16	29.20	S E
21	63	82	29.32	29.49	N
22	61	80	29.52	29.55	S W
23	65	83	29.39	29.47	S W
24	66	81	29.37	29.40	S E
25	59	63	29.37	29.48	N E
26	57	73	29.41	29.43	N E
27	55	77	29.46	29.55	N W
28	54	82	29.59	29.66	N W
29	58	80	29.61	29.66	S W
30	60	81	29.48	29.57	S W
31	63	68	29.40	29.48	S E

The month has been pleasant and favorable to the husbandman. The first part of it was dry and unfavorable to growth, but favorable for haying and harvesting; lands newly mown, and pastures, suffered by drought, but cultivated fields and gardens look well. Seasonable rains have recently changed the face of nature, and all is verdant now. Range of Thermometer, 50 to 87. Barometer, 29.07 to 29.66. Rain fallen, 3.50 inches.

Chronic-choroido-Iritis: Spurious Cataract: Keratonyxis: Artificial Pupil.—Under this four-fold title Mr. Dalrymple reports a case from the London Ophthalmic Hospital, in which on admission, there was found chronic internal inflammation of the right eye, with an irregular strongly-contracted pupil, adherent to an opaque capsule. The iris was plane and rigidly stretched, its fibres radiating in marked lines towards the pupil; it had lost its proper color, and was of a greenish hue. The left eye was sympathetically inflamed. The first thing to be done in this state was the removal of the chronic inflammatory condition, which was effected by a course of small doses of the bichloride of mercury, with infusion of gentian or sarsaparilla, together with counter-irritation to the brow and temples, and the occasional application of belladonna. This latter, however, was not considered to be of any service. The gums were kept gently sore for several months. The next thing to be done was to remove the obstruction in the pupil by the operation of keratonyxis, prior to making an artificial pupil. This was effected by keratonyxis, repeated on six different occasions. The last operation was followed by some iritic inflammation, which was subdued by leeches and mercurials. The cold weather having set in, all further proceedings were postponed to the spring, when the lens was found to be nearly entirely absorbed, and the needle was used only once again, the complete removal of that body being thereby effected. An artificial pupil was next made, but it was shut up by a dense white and opaque capsule, which, when an attempt was afterwards made to extract it with a pair of delicate forceps, was found to be encrusted with calcareous matter, and the vitreous humor being quite fluid, the operation was abandoned; a curved needle being introduced through the cornea at a subsequent date, and the calcareous capsule brought into the anterior chamber out of the field of vision, where it became adherent in a few days to the outer and under part of the anterior chamber, leaving a round, black and ample pupil. The patient, after this series of operations, was enabled to read small print with the aid of convex glasses, and to pursue all the ordinary avocations of life.—*London Medical Times.*

Disease of the Tricuspid Valve.—Dr. Mackenzie publishes the case of a soldier, 22 years of age, who died under his care, having been troubled previously with violent palpitation and pain in the chest, dyspnœa, and a feeling of weight in the cardiac region. The sound of the heart heard through the stethoscope was loud and rushing, without any distinct interval between its contractions. On examination of the body, the pericardium contained nearly six ounces of straw-colored serum; the heart was immensely large and flabby-looking, and contained a large quantity of dark, clotted, and fluid blood; when emptied, it weighed upwards of one pound and three quarters. The right auricle was larger than an ordinary sized left ventricle, with very thin walls, and was distended with clotted blood. The tricuspid valve, and the natural orifice between it and the right ventricle, were quite obliterated, and three fingers could be easily passed together through the opening. The venæ cavæ were distended with blood. The liver was hard, of a yellowish pale color, and weighed five pounds and three quarters. The hepatic vessels were much distended. The brain was not examined.—*Ibid.*